

# CERTIFICATION OF QUALIFICATION

**AMBULANCE**

[\(Additional certification is required\)](#)

Voluntary Ambulance Services which desire to participate in OGS contracts must complete and return this form.

*The undersigned, personally and on behalf of the Voluntary Ambulance Service noted below does hereby state and certify to the New York State Office of General Services (OGS) that said voluntary ambulance service possesses a valid statement of registration or possesses a valid ambulance service certificate pursuant to Article Thirty Section 3005 of the Public Health Law and qualifies to purchase through the OGS New York State Procurement (NYSPRO).*

*False statements knowingly made herein are punishable as a Class A misdemeanor under Section 210.45 of the Penal Law of the State of New York.*

---

**FIRE**

[\(Additional certification is required\)](#)

Fire Company which desires to participate in OGS contracts must complete and return this form.

*The undersigned, personally and on behalf of the Fire Company noted below does hereby state and certify to the New York State Office of General Services (OGS) that said fire company possesses a valid statement of registration or possesses a valid fire company certificate pursuant to Article Thirty Section 3005 of the Public Health Law and qualifies to purchase through the OGS New York State Procurement (NYSPRO).*

*False statements knowingly made herein are punishable as a Class A misdemeanor under Section 210.45 of the Penal Law of the State of New York.*

<b>Ambulance Service / Fire Company</b> (Name & Address—PLEASE PRINT)	<b>Authorized Representative (Name)</b>
	<b>Title</b>
	<b>Signature</b>
	<b>Date</b>
Registration or Certification Number: _____	